

## **CIVIL RIGHTS COMPLAINT FORM – VERBAL OR WRITTEN COMPLAINTS**

All Civil Rights complaints, verbal or written, must be submitted promptly to the Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501; Telephone: (406) 444-2501, Fax: (406) 444-2955. The following is the minimum information that must be obtained and reported to School Nutrition Programs. This procedure is in addition to any other procedure established by the Local Educational Agency (LEA).

### COMPLAINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### NAME OF PERSON TAKING COMPLAINT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

### CAUSE OF COMPLAINT

Describe the nature of the incident that led to the complainant to feel discrimination was a factor.

On which factor does the complainant feel discrimination exists – race, color, national origin, sex, age, or disability? \_\_\_\_\_

Persons who may have knowledge of the discriminatory action or the circumstances surrounding the incident:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates the alleged discriminatory actions occurred, or if continuing, the duration of such actions:

What corrective action (if any) has the Local Educational Agency (LEA) taken to resolve the complaint? Has the complaint been resolved successfully?